(iii) Subsidy for setting up of effluent treatment system in farms.

(iv) Subsidy for setting up PCR labs (for early detection of viral diseases) in hatcfieries.

(v) Subsidy for procurement of water testing kits for shrimp farms.

(vi) Subsidy for setting up chilled room near farm areas.

(vii) Training and inter-state study tour of farmers.

MPEDA has two field offices at Bhubaneswar in Orissa to provide technical and other assistance to farmers, hatchery owners, etc. for setting up shrimp farms and promote exports.

(c) and (d) For promotion of aquaculture, the following thrust areas have been identified:-

(!) Bringing additional area under culture;

(11) Diversification to new species; and

(III) Making aquaculture sustainable through

(i) Disease prevention and control through good farm and health management.

(ii) Environmental management and eco-friendty farming practk^es.

In order to increase the export of marine products, Government have been taking several steps, which include schemes for extending financial assistance to the seafood proceesing industry; steps to upgrade processing facilities to meet international standards of hygiene and quality; expansion of aquaculture; imparting training to aquaculture farmers to adopt sound management practices to prevent outbreak of diseases; assistance to produce value-added products for export; marketing support, etc.

Cancer patients in the country

*171. DR. A.K. PATEL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of persons affected by Cancer in the country during the last three years;

(b) the number of persons died of this disease during the said period;

(c) the details of Cancer Detection and Cure Centres available in the country, State-wise, particularly in Gujarat;

(d) the steps taken by Government to provide grants to charitable institutions for Cancer cure; and

(e) the totat'grants earmarked for Cancer cure during the last three years and thejnanner in which it has been distributed?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) and (b) The information about occurrence of cancers and deaths due thereto is at present not being routinely collected by this Ministry. The information about incidence rates of cancers is available through Population Based Cancer Registries functioning under the National Cancer Registry Programme of Indian Council of Medical Research. Based on the data from these registries, it has been estimated that in the year 2001, about 8.06 lakhs persons would have developed cancer in the country. Based on the cancer mortality observed in the Mumbai Population Based Cancer Registry, the projected number of deaths caused by cancer in the country is about 4.3 lakhs per year.

(c) Cancer detection is done at District Hospitals, Medical Colleges and other institutions throughout the country. The treatment of cancer is done by Surgery, Radkitherapy, Chemotherapy and Supportive Therapy. There are about 160 centres having Radiotherapy facilities in the country (List is attached as Statement-I) *(See* bebw) While Surgery, ChenrK)therapy and Supportve Therapy are being done at most of these institutions as above, there are also 20 Regional Cancer Centres for providing comprehensive cancer treatment in the country. A list of RCCs is given at Statement-ll. (See below)

(d) Under the National Cancer Control Programme, an amount of Rs.1.00 crore in provided to the eligible charitable institutions/trusts for setting up of Cobalt Therapy Units. This Is a one-time grant. In addition, an amount of Rs. 5.00 lakhs is also provided to eligible non-governmental, organisatbns for undertaking heahh educatk^n and early detection activities in the field of cancer.

(e) The total allocation of funds and expenditure under various schemes of National Cancer Control Programme during the last three years is given at Statement-Ill.

Statement-I

Statewise Distribution of Radiotherapy Installations as on September 30,2002

State Centres	Teletherapy Cantres No. of	leietnerapy Units		Brachytherapy Centres Hemote uracny		Manual bracny		
		Co-60	C8-137 Llnac	LDR	HDR	Intralntersts cavitary ttial(lr)		No. of Brachy Centres
A.R	22	25	0 2	2	3	13	4	14
Assam	6	8	0 1	2	0	0	0	2
Bihar	5	6	0 0	1	2	0	0	3
Delhi	12	16	1 8	2	4	2	2	7
Goa	2	2	0 0	0	0	1	0	1
Gujarat	7	12	1 5	1	4	2	2	4
Haryana	3	6	0 2	1	2	2	1	2
H.P.	1	2	0 0	1	0	1	0	1
J.K.	3	5	0 1	1	0	0	0	1
Kamataka	14	20	1 3	1	3	10	6	11
Kerala	6	13	1 1	2	1	4	1	4
MP.	11	15	0 0	1	2	1	1	4
Maharashtra	26	32*	0 6	B	10	14	2	22
Mizoram	1	1	0 0	0	0	0	0	0
Orlssa	3	5	0 0	1	1	1	0	2
Pondicherry	1	2	0 0	0	1	1	0	1
Punjab	5	5	0 1	1	0	1	1	2
Rajasthan	7	10	0 0	1	3	2	1	5
T.N.	21'	33*	0 10	5	4	16	5	16
U.P.	13	19	0 1	5	2	2	0	6
W.B.	9	11	5 1	1	2	3	1	3
TOTAL:	178	248	9 42	37	44	76	27	113

*indicates change from the previous data (Source: BARC, Mumbai)

Statement-ll

ListofRCCs

Kamla Nehru Memorial Hosprtal, Allahabad, Uttar Pradesh.	Regional Cancer Centre, Thlruvananthapuram
ChJttaranjan National Cancer Institute, Kolkata, West Bengal	Gujarat Cancer Research Institute, Ahmedabad, Gujarat.
Kidwai Memorial Instt. of Oncology, Bangalore, Karnataka.	MNJ Institute of Oncology, Hyderabad, Andhra Pradesh
Regional Cancer Institute (WIA), Adyar, Chennai, Tamil Nadu	Pondicherry Regional Cancer Society. JIPMER, Pondicherry.
Acharya Harihar Regional Cancer, Centre for Cancer Research & Treatment, Cuttack, Orissa	Dr. B.B. Cancer Institute, Guwahati, Assam
Regional Cancer Control Society Shimla, Himachal Pradesh	Tata Memorial Hospital Mumbai, Maharashtra
Cancer Hospital & Research Centre, Gwalior, Madhya Pradesh.	Indira Gandhi Institute of Medical Sciences, Patna, Bihar.
Indian Rotary Cancer Institute, (A.I.I.M.S.), New Delhi	AcharyaTulsl Regional Cancer Trust & Research Institute (RCC) Bikaner, Rajasthan
R.S.T. Hospital & Research Centre, Nagpur, Maharashtra	Regional Cancer Centre, Pt. B.D. Sharma Post Graduate Institute of Medical Sciences, Rohtak, Haryana
Pt. J.N.M. Medical College, Raipur, Chhatisgarh.	Civil Hospital, Aizawl Mizoram.

Statement-Ill

Details of Expenditure incurred under various Schemes of NCCP during the last three years

(Rs. in lakhs)

Name of Schemes	1999-2000	2000-01	2001-02
Total Allocation	3500.00	5000.00	6000.00
Regional Cancer Centres	1606.00	2700.00	2882.50
Setting up of Cobalt Units	737.00	1162.00	1114.00
Oncology Wing	959.24	870.00	1770.00
District Cancer Control Programme	180.00	30.00	45.00
NGO scheme	17.00	38.00	188.50
Total Expenditure:	3499.27	4800.00	6000.00

US industries for increase In trade with India

*176. SHRI YADLAPATI VENKAT RAO: Will the Minister of COMMERCE AND INDUSTRY be pleased to state:

(a) whether US industries have sougth increase in trade between US and India;

(b) the level of trade between the two countries; and

(c) Government's response in this regard?

THE MINISTER OF COMMERCE AND INDUSTRY (SHRI ARUN JAITLEY): *(a)* to (c) No specific requests have been received from US industry. Increase in bilateral trade is an ongoing and continuous process. During the period April-November 2002-03, the bilateral merchandise trade was US $ 9845.13 million showing an increase of 22.34% over the corresponding period of the previous year. Indian exports to USA were US $ 7173.26 million while Indian imports from USA were US$ 2671.87 million. The United States of America is India's largest trading partner and foremost export destination for Indian goods and services. It is a continuous